Physician	PLACE OF BIRTH County of La. ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State Index No.
	District of ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 1
the attending	or City of (No St;Ward)
filed by t	FULL NAME OF CHILD Wagnum Born YES If child is not named, make Supplemental Report on black obtainable from local registrar. Alive NO
58	Sex of Wale Twin, Child Wale or other and Sex of birth Sex of birth Sex of Birth Day Yr.
ate must	Full Name Wignel Cragon Full Mother Housales
certificate	Residence Wiami, Age at last Color Age at last Color
This	or Race Birthday Years Birthplace Birthday Birthday Years Birthplace Birthplace
stated. within 5	Occupation Miner Miles Occupation deviseurife
rth,	Number of child of this Nother S Number of Children, of this mother, now living 4 Were precantions taken against Ophthalmia neonatorum?
er of birth, Registrar	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of the above child; and that it occurred on 1901, at 1901, at 1901.
in ord	*When there is no attending physi-
of eg with	Given or Christian name added from a Address Manni, Clin ona.
the number or midwife	supplemental report 191 Filed Au. 3/ 1927 SW Houde 1M, 12 LOCAT REGISTRAR. COUNTY REGISTRAR. Filed Au. 3/ 1927 SW Houde 1M, 12 LOCAT REGISTRAR. COUNTY REGISTRAR.